MODULE 4 - Preventive and Oral Health

Health and Safety in the Early Childhood Program

Modified Module 4

SIDS, Shaken Baby Syndrome, Child Abuse and Neglect, Preventive and Oral Health

Desired Outcomes: (Objectives)

1. Gain an understanding about Sudden Infant Death Syndrome (SIDS).
2. Understand ways to decrease the risk of SIDS.
3. Identify risk factors, which may contribute to SIDS.
4. Understand the cause of Shaken Baby Syndrome.
5. Understand ways to prevent Shaken Baby Syndrome
6. Identify signs of suspected child abuse and/or neglect.
7. Understand how to report suspected abuse and to whom.
8. Know how to handle a situation where a child has disclosed abuse.
9. List three goals of preventive health care.
10. Define and understand the term “Medical Home.”
11. Understand the benefits of having a medical home for children in an early childhood program.
12. Identify causes of early childhood caries.
13. Understand ways to instill good oral habits in children.

Sudden Infant Death RSyndrome (SIDS)

Reducing the risk of SIDS

As someone who provides care for infants, you should know about Sudden Infant Death Syndrome (SIDS). SIDS is the leading cause of death for infants one month to one year of age.

With the increasing number of parents working outside of the home, more and more infants are being cared for by an early childhood provider or other caregivers. Although it is rare, SIDS may strike an infant in your care or in the care of someone you know. At this time SIDS cannot be predicted or prevented. However, there are some things you can do to help reduce the risk of SIDS. First, learn a little more about SIDS and who may be at risk for SIDS.

The National Institute of Child Health and Human Development has defined SIDS as the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including the performance of a complete autopsy, examination of the death scene, and review of the clinical history.

SIDS has been a cause of death of infants younger that one year of age throughout history. The victims appear to be healthy prior to death, and it appears that the baby did not suffer at the time of death. Death occurs very rapidly, usually during periods of sleep. In order for a SIDS case to be diagnosed three things must take place:

- An autopsy.
- An investigation of the death scene.
- A review of the baby's medical history by the state medical examiner.

SIDS is not…

At this time we cannot predict which babies will die from SIDS nor can we prevent SIDS. The cause or causes of SIDS are still unknown. Most researchers now believe that babies who die of SIDS are born with one or more conditions that makes them vulnerable to both internal and external stresses that occur in the normal life of an infant.

- SIDS is not caused by suffocation.

- SIDS in not caused by vomiting or choking.
- SIDS is not contagious.
- SIDS is neither predictable nor preventable.

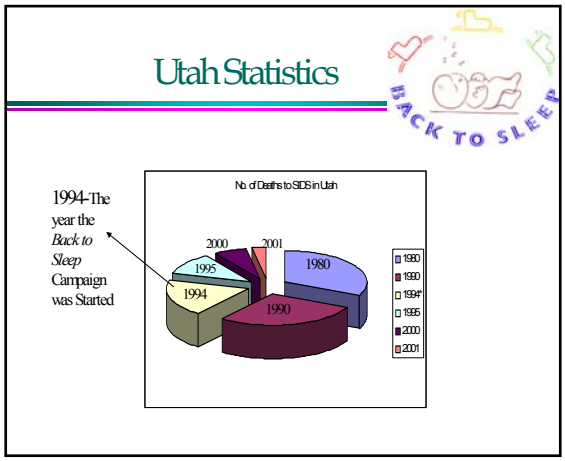
Who is at Risk?

Doctors and researchers have identified some common characteristics and risk factors in many babies that die of SIDS. Simply changing certain infant care practices may help eliminate some risk factors.

- More boy babies (60%) than girl babies (40%) die from SIDS.
- 90% of SIDS babies are less than 6 months of age. The most common age is between two and four months.
- Babies born to young mothers (less than 20 years of age)
- Babies born premature or with a low birth weight.
- Babies born from multiple gestation, such as twins, triplets etc.

Sleeping Position

To reduce the risk of SIDS, the American Academy of Pediatrics recommends that all healthy babies be placed to sleep on their backs. This statement was made because of several recent studies which show that the risk of SIDS may be higher when babies sleep in the prone or stomach down position. When babies are able to roll over, they can choose their own sleeping position.



There are certain health conditions that might require a tummy-down position such as birth defects, prematurity, frequent spitting up after eating, or breathing, lung or heart problems. It is important to talk to the baby's parents and health care provider to find out which sleeping position is best. If you choose to care for an infant who must sleep on the stomach, request a written statement of instructions from the parents and the baby's health care provider. Keep this information in the baby's file.

Crib Safety

Make sure the crib meets safety standard requirements. Place infant in safe crib with slats no more than 2-3/8 inches apart (a pop can should not slip through). The mattress should be firm and fit the crib; the space between the mattress and crib side should not allow more than two finger widths. Use a tight fitting crib sheet.

Other Sleeping Areas

Do not leave infants on a couch, waterbed, and an adult or youth bed or bean bag. Deaths have occurred when the children were left alone or shared space with another person on a regular mattress bed or waterbed. In most cases the infant became wedged between the mattress and bed frame or wall when they had been left alone on the bed and slipped off:

1. Other situations that resulted in infant death involved infants sharing sleeping space with another child or adult who may have rolled onto the infant while sleeping. This resulted in suffocation.
2. When the person sharing the bed accidentally pushed the infant off the bed as they slept, this resulted in entrapment of the infant in the frame or between a wall and the bed. Some infants have suffocated in a stomach-down position in the depression of the waterbed.

Bedding

Do not put any soft items in the crib with the baby, except for one thin blanket or a zipped sleeper outfit. If a blanket is used, place the baby's feet at the foot of the crib to decrease the chance of suffocation by the blanket. **Deaths caused by accidental suffocation are completely preventable, and should not be confused with SIDS**.

Create a smoke-free area for infants in your care. No one should smoke around babies. Babies and young children exposed to smoke have more colds and other upper respiratory tract infections as well as an increased risk of SIDS.

Temperature

Overheating is also a risk for SIDS. Babies should be kept warm, but they should not be allowed to get too warm. Keep the room temperature about 70º F and don't over wrap or bundle baby.

What to do in the Event of a SIDS Death

If a SIDS death does occur, remember no one is to blame. Although one can reduce the risk of SIDS, SIDS is not preventable.

If a SIDS death does occur while a child is in your care:

- Check the airway and for breathing; look, listen, and feel.
- Call 911.
- Begin CPR.
- Contact an emergency backup person to care for the other children.
- Contact the child's parents.
- Let the other children in your care know that something is wrong. Remove them from the area of the emergency.

Do not disturb the scene of death, if possible. Do not wash blankets, pour out formula from the baby's bottle, etc.

Where Do I Get Help?

The Utah Department of Health's SIDS Program at (801)538-9970 provides services and resources to families, providers, and others affected by a SIDS death.

Utah Chapter SIDS Alliance

The SIDS Alliance provides peer support to parents, grandparents and early childhood providers. The Alliance holds monthly support meetings, has peer contacts available and sends out a bi-monthly newsletter. They also host several special memorial services throughout the year. They can be contacted at (801) 261-4222.

Shaken Baby Syndrome

In the past few years a newly recognized injury to infants and older children has been identified and described as the "Shaken Baby Syndrome." This is a serious injury and the results can be devastating. Usually, Shaken Baby Syndrome occurs when adults, frustrated and angry with their crying baby, shake the infant strenuously. Most people are not aware of how seriously this can hurt a child. As a child care provider it is important for you to know about this syndrome and educate staff and parents about the dangers.

Why is shaking a baby or child dangerous?

Babies and children have certain qualities that make shaking very damaging because…

- Babies' heads are large and heavy (about 25% of the total body weight) and the neck muscles are too weak to support such a large head.
- Babies' brains are more immature and are easy to injure.
- Babies' blood vessels around the brain tear easier than those of an older child or adult.

When a baby or child is shaken:

- The brain bounces back and forth within the skull, injuring or destroying the brain tissue.
- Some blood vessels in the brain are torn leading to bleeding around the brain
- Blood pools within the skull, creating more pressure and possibly causing additional brain damage.
- Retinal (back of the eye) bleeding can occur. Immediate and long-term consequences of shaking a baby or child may be:

Immediate Consequences	**Long - Term Consequences**
Breathing may stop	Learning disabilities
Seizures	Visual disabilities
Decreased level of consciousness	Behavior disorders
Heart may stop	Cerebral palsy
Extreme irritability	Physical disabilities
Vomiting	Speech disabilities
Limp arms and legs	Seizure disorder
Death	Death

How to prevent shaken baby syndrome

Following are tips for preventing Shaken Baby Syndrome. The most important rule to remember is never shake an infant or child.

- Always provide support for baby's head and neck when holding, playing with or transporting him or her. Instruct other caregivers in the proper support of the head.
- Make sure all those who are in contact with infants, toddlers and children know the dangers of shaking. This includes childcare providers, siblings, family, friends, and babysitters.
- Learn what to do if a baby won't stop crying. All babies cry a lot during the first few months of their lives.

Crying…What to do?

- Check the baby's basic needs. Feed, diaper and try to make the baby comfortable.
- Check for signs of illness, like fever or swollen gums.
- Sing or talk quietly to the baby, or play some soothing music.

If you've tried everything, put the baby in a safe place, such as a crib or playpen and leave the room keeping the baby in sight. Check on the baby every 10 to 15 minutes. Remember, it is okay for babies to cry; it is normal. If all the baby's needs for comfort have been met, crying won't hurt them. If a baby cries, it is not a reflection of the type of caregiver you are. Babies cry even with the gentlest of people.

Child Abuse Reporting

Utah child abuse and neglect reporting

The State of Utah has a law (Utah Code 62A-4a-403) that places a "duty to notify" on every person who has reasonable cause to believe that a child may be neglected or abused. They do not have to prove that abuse is occurring, just that there is reasonable cause to believe abuse or neglect is occurring and it must be reported. Immunity from Legal Action (Utah Code 62A-4a-410) states "any person making a report in good faith is immune from liability, civil or criminal." Failure to Report (Utah Code 62A-4a-4ll) states that "any person who willfully fails to report child abuse or neglect is guilty of a class B misdemeanor punishable by up to $1,000 fine and six months in jail."

1. **Why should I make a report?**

- Because it is the law.
- Child protection is everyone's concern
- Children are potential victims because they are in a vulnerable, powerless position. They need an adult who will act in their behalf.

2. **Will I be held liable for reporting child abuse?**

    - You are a mandated reporter. You may be held liable if you **don't** report suspected abuse or neglect of a child.
    - State law protects you.

3. **How will I know if a situation is abusive and needs to be reported?**

    - Become familiar with the signs and symptoms of abuse.
    - Do not hesitate to call Child Protective Services to discuss the situation.
    - Remember, you only need to have a reason to <u>believe</u> abuse has occurred to make a report, not actual knowledge of abuse.

4. **Are there risk factors that predispose children to become victims, or predisposes adults to be perpetrators?**

    - Yes, certain children are more vulnerable to becoming victims of child abuse or neglect.

- There are certain characteristics of adults, their current circumstances and living environments that may predispose them to be perpetrators of abuse.

5. Will the parents be told I made the referral?

- Every precaution is taken to help keep any and all information confidential.
- Personally identifiable information should not become a public record (Utah Code 62A-4a-412(2).

6. What do I do if a child discloses an incident of abuse to me?

- Assure him/her that you are concerned and want to help and that it's all right to tell. The child is most likely feeling frightened, guilty or that they may be betraying someone they love very much.
- Listen carefully, but do not push the child to share more information.
- Skilled professionals should conduct interviews of children as soon as possible.
- Any time a child reports abuse it should be taken seriously.
- Assure the child that you believe what they are saying, even if it does not make sense to you, it makes sense to the child.

7. To whom do I report suspected abuse or neglect?

- Two agencies are responsible for investigating child abuse cases: Child Protective Services (CPS) and law enforcement.
- To report child abuse or neglect, contact: **The Department of Human Services, Child Protective Services, Salt Lake County Hotline at (801) 487-9811 or Statewide Child Abuse Hotline at 1-800-678-9399** or your local law enforcement agency. These agencies are trained to offer advice and help in a sensitive and professional manner. Local Children's Justice Centers can also serve as a resource. (See Appendix B for a complete listing of the Children's Justice Centers throughout Utah.)

8. What are the steps I need to take to make a report?

- You need to report promptly to protect the child and yourself. Don't wait until the end of the day or week.
- When you call you will need to provide the child's name, age, sex, address, and telephone number; parent's name(s); parent's employment and telephone number; nature and extent of possible abuse and date(s) when observed.
- Document alleged abuse in your own confidential records.

9. What happens when I make a child abuse or neglect report?

- The case is assigned a priority depending on the seriousness of the problem and the danger to the child.
- A child protective service worker or police officer will conduct an investigative interview to gather more facts.
- Parents and children are provided with appropriate assistance and services including sexual abuse treatment, mental health resources, and referrals to professionals.
- The goal of CPS is to provide helpful services - not to punish parents. CPS will approach parents with an offer to help. The aim is to keep children in their homes if it can be done safely.

10. What if I make a report and nothing happens, or I feel the report was not handled correctly?

- Legal restrictions prohibit Child Protective Services (CPS) from telling details of an investigation and it is difficult to know what has taken place behind the scenes.
- Contact the CPS caseworker, keeping in mind that the caseworker may not be able to reveal certain details of the case.

Tips on handling a situation where a child has disclosed suspected abuse

- It is not necessary for the child to reveal specific or intimate details right away.
- At this initial stage, the child needs warmth and acceptance, not curiosity or interrogation.
- Reassure the child that he/she has done the right thing by telling.
- Keep your own feelings under control. Be calm and non-judgmental. Do not express emotions such as shock, embarrassment, anger or disgust. Do not criticize or belittle the child's family in front of the child.
- Be careful to avoid suggesting to the child that a particular person may have touched or hurt him/her in an inappropriate way.
- Remember, you are not the investigator. Your role is to listen to the child. Certain CPS workers and police officers are trained to conduct investigative interviews.
- After listening to the child, immediately write down what the child said. Write <u>who, what, where and when</u> the child states he/she was involved in an abusive incident.

SIGNS AND SYMPTOMS OF ABUSE THAT MUST BE REPORTED TO CPS

	Child's Physical Signs	Child's Behavior Signs
PHYSICAL ABUSE **Definition:** Any physical injury or pattern of injuries inflicted or caused by a parent, parent-guardian, caregiver, or other person.	• child reports abuse • unexplained head injuries • unexplained bruises or welts • unexplained lacerations or abrasions • unexplained burns • poisoning, inappropriate drugs, food or drink • unexplained fractures or sprains • shaken baby syndrome	• self destructive • withdrawn and aggressive behavior extremes • uncomfortable with physical contact • arrives early to school stays late • chronic runaway(adolescent) • complains of soreness or moves uncomfortably • wears clothing inappropriate to weather, or does not cover body
PHYSICAL NEGLECT **Definition:** "Neglected child" includes a child whose parent, guardian, or custodian has failed to meet the child's basic physical needs.	• abandonment • lacks adequate food, clothing and/or housing • failure to thrive • poor hygiene • starvation, malnutrition • lack of supervision or guidance (generally under age 10) • reports that no caretaker is at home • thin, emaciated, distended stomach • unsafe living conditions	• regularly displays fatigue or listlessness, falls asleep in class • steals food, begs from classmates • frequently absent or tardy • self destructive • school dropout (adolescent)
SEXUAL ABUSE **Definition:** Exploitation of a child for the sexual gratification of an adult or person older than the child. This includes any act designed to stimulate the child or perpetrator and/or the use of coercion, deceit and manipulation to achieve power over child. The issue is misuse of power, not consent of the child and occurs usually in isolation, with no witnesses in or to avoid detection	• child reports abuse • venereal disease • bloody underclothing • bruise, blood or purulent discharge from genital or anal area • frequent urinary or yeast infections • difficulty walking or sitting • frequent unexplained sore throats • massive weight change	• withdrawal, chronic depression • excessive seductiveness • role reversal, overly concerned for siblings • poor self esteem, self devaluation, • unusual sexual behavior or knowledge • hysteria, lack of emotional control • suicide attempt (adolescent) • sudden school difficulties • threatened by physical contact, closeness
Emotional/Verbal Abuse **Definition:** A pattern of behavior that takes place over an extended period of time, where a parent fails to give proper love, direction, encouragement and acceptance in which a child can grow.	• speech disorders • delayed physical development • substance abuse • ulcers, asthma, severe allergies	• habit disorders (sucking, rocking) • antisocial, destructive • neurotic traits (sleep disorders, inhibition of play) • passive and aggressive behavior extremes • delinquent behavior (especially adolescents)

Goals for Preventive Health

The goals of preventive health are to:

- Detect medical conditions that may not be easily recognized which need medical attention (e.g., anemia, "lazy eye," or middle ear infections).
- Identify children at high risk for developing disease due to hereditary factors, family health habits, or environmental factors.
- Evaluate effectiveness of past and current treatments such as antibiotics, tubes in ears, etc.
- Promote health through education, guidance and counseling.
- Identify medical problems through screenings such as measurements of growth, vision, hearing, blood lead levels, and tuberculin testing.
- Provide early detection and treatment of illnesses with symptoms (e.g., strep throat) to prevent complications or chronic illness/conditions.

The American Academy of Pediatrics recommends the following schedule for regular preventive health exams:

Prenatally	6 months	3 years	11 years	17 years
Newborn	9 Months	4 Years	12 Years	18 Years
First Week	1 Year	5 Years	13 Years	19 Years
1 Month	15 Months	6 Years	14 years	20 Years
2 Months	18 Months	8 Years	15 Years	21 Years
4 Months	2 Years	10 Years	16 Years	

What is a Medical Home?

The health of children depends partially on their access to health care services. Changes in family structure, finances and geographic mobility have placed many children in need of health services due to hunger, poor housing conditions, violence, and neglect.

- Medical home is an approach to providing health care services. A medical home is not a building, house or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. A medical home is the usual source of health

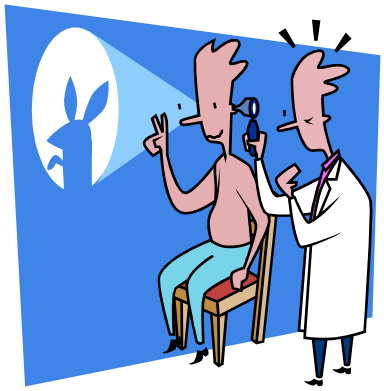
care that is accessible and offers continuous, comprehensive, family-centered, coordinated and compassionate care.

- Children and their families who have a medical home receive the care they need from a pediatrician or other health care professional.
- Health care professionals, caregivers and families act as partners to identify and access services to help children and families achieve their maximum potential.

Benefits of a Medical Home

- Increased patient and family satisfaction. Because families are the ones who see their child on a continuous basis, they are considered the experts.
- Improved coordination of the medical needs of children. For children with special health needs, a regular source of care ensures continuity of care and monitoring of disease symptoms by those who know the child.
- Efficient use of resources. If the child has a regular source of care and the parents have a line of communication with the doctor, they are less likely to use the E.R. for non-emergency care.
- Increased wellness because of comprehensive care. When a child has a *medical home*, the primary care provider oversees many aspects of the child's health including immunizations, growth, and the physical and emotional health status. The primary care provider also provides health education for parents.

Benefits of a Medical Home for Children in Child Care



Ensuring that a child in an early childhood program has a medical home is beneficial to any provider, child and family. An early childhood provider will benefit by:

- Having access to a health resource.
- Having support for adequate immunizations
- Having healthier children in the early childhood program.

Refer to the "Child Health Assessment" found in the Appendix B. It is important that this form include the child's medical and dental provider information <u>before</u> enrolling a child to an early childhood program.

If a child does not have access to a medical home or medical or dental health care providers, this is an opportunity for the early childhood provider to educate parents to available community

resources, CHIP and Medicaid. Because both programs are undergoing changes, call your local health department for the most recent information.

Deterrents to Getting a Medical Home

Hopefully, all children will receive regular medical checkups and sick care. But we know that many families wait until the last minute to go to a primary care provider for a variety of reasons.

- Lack of medical insurance. An early childhood provider should know if the children in your care have access to medical insurance. If they do not have insurance, how are the parents going to meet your exclusion guidelines when the child is ill? Will they be able to afford to go to a primary health care provider to find out what that rash or diarrhea is all about?
- Lack of a primary health care provider. This is especially a problem in rural areas where only a few health care providers serve a large geographic area.
- Long wait for appointments. Again, this is a problem for areas that do not have easy access to health care providers and, at this time, there are no easy solutions. Public health departments may have programs for well child checks, immunizations, children with special health care needs and other resources. Contact your local public health department for more information on these services if primary health care providers are not available in your area.
- Lack of knowledge about the benefits of a medical home.
- Parents' medical belief system. Before enrolling a child, talk with parents about their views on health and illness in their child. Do they observe traditional Western medicine? Do they prefer to treat minor illnesses at home or without medications? Do they expect you to give the child medications? You may both decide that your program may not be a good fit for the family.

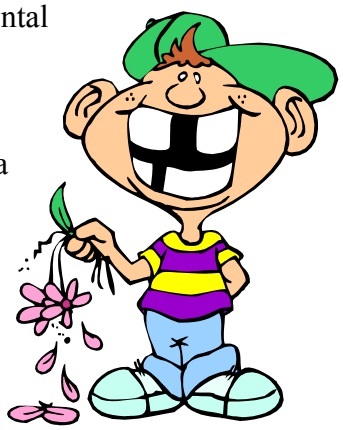
Teach parents about your policies. It is important that parents have a written copy of your policies, especially health and safety policies. Be sure to go over them in detail so that they mean the same thing to both of you. How will the parent find alternative care when you exclude the child because of illness or if you are ill? Who will pick up the child if he becomes sick during the day and the parent cannot leave work? This is the time to work out these details.

Preventive Oral Health

Dental decay is a severe problem for many children. It is the most widespread disease of childhood. About 20% of all children suffer from 80% of all decay. Early childhood caries is a specific form of dental decay found in very young children. The prevalence of early childhood caries is estimated to be as high as 90% in some Head Start populations.

Dental decay is an infectious disease

In order for tooth decay to occur, there must be three things:



- Bacteria. Infants are not born with the bacteria that cause dental decay. They are infected, (usually by a parent or caregiver) through saliva. Caregivers can infect the child with the bacteria by sharing eating utensils such as a spoon or glass, sharing food, pre-chewing food for the baby or cleaning off a baby bottle or pacifier with their mouth.
- A tooth: As soon as a baby gets her/his first tooth, it is important to start cleaning the baby's mouth and teeth.
- The proper environment (foods containing carbohydrates). All foods and drinks that contain any kind of sugar allow the bacteria to start producing acids that cause cavities in teeth. Even "natural" carbohydrates like those found in milk, juice, pretzels or crackers can cause acid production.

Facts about early childhood caries

Early childhood caries is the term now used for "nursing caries" or "baby bottle tooth decay." Although the terms are different, the disease is the same - decay in the primary teeth of children. The effects of early childhood caries may include pain, difficulty in chewing, difficulty learning to speak, difficulty sleeping, difficulty learning, poor general health, crooked or crowded permanent teeth, risk of decay in permanent teeth, poor self-esteem and costly tooth repair which usually requires hospitalization.

Some of the characteristics of Early Childhood Caries are:

- It develops very rapidly.
- The upper front teeth are the first teeth to be affected.

- As the disease progresses, the baby molars are affected.
- When the disease becomes very severe, the lower front teeth are affected.

Causes of early childhood caries:

- Letting the baby go to sleep with a bottle.
- Propping a bottle.
- Using a bottle as a pacifier.
- Using a pacifier dipped in sugar, syrup or anything sweet.
- Allowing baby to go around with a bottle in his or her mouth.
- Continuous breast feeding.

Care of teeth begins early in life

- Teeth should last a lifetime! Tooth decay and problems can be avoided by the daily removal of plaque.
- Plaque is made up of germs that live on your teeth all the time.
- Plaque should be removed everyday to stop the germs from making acid that can cause tooth decay[5].
- Wipe baby's gums and teeth with a clean cloth or gauze daily or brush with a small, very soft-bristled toothbrush that is not worn out or frayed, using a small pea-sized dab of toothpaste or just water.

About Fluoride

Fluoride, either in public drinking water or supplemental fluoride drops or tablets, is the single most effective method to prevent tooth decay. Check with your local dentist to find out if the water you use has enough fluoride. Fluoride toothpaste can also be effective in preventing decay, but children should be taught to spit out toothpaste after brushing to prevent mottled teeth from too much fluoride.

Establishing good brushing habits

Start brushing habits early with small children. Brushing after meals and snacks will clean teeth and teach children early brushing habits. If you organize well, the children in your program can perform this activity in about five minutes.

"Healthy Smile, Happy Child" Nevada State Health Division Bureau of Family Health Service Oral Health Initiative

Some points to remember are:

- Always supervise children when brushing.
- Make sure that children have their own toothbrushes clearly marked with their name. Do not allow children to borrow or share toothbrushes.
- Apply or have child apply a pea-size amount of fluoride toothpaste to a dry toothbrush.
- Instruct children to brush his/her teeth and spit out toothpaste.
- Using paper cups, have the child rinse out his/her mouth with water and dispose of the cup.
- Store toothbrushes so they cannot touch any other toothbrush and allow them to air dry. An egg carton works well for this purpose. Poke a labeled toothbrush into the bottom of an egg carton to store and dry toothbrushes.
- Never "disinfect" toothbrushes. If a toothbrush is contaminated throw it away.
- If a child uses a toothbrush from another child that is known to be ill or have a chronic bloodborne infection such as HIV or Hepatitis B, the parent of the exposed child should be notified.

Dental Emergencies

Following a head or mouth injury:

- Calm the injured person.
- Check to determine the type of injury. If serious, follow emergency procedures.
- Check for a knocked out tooth. Find the tooth and refer to section below.
- If minor bleeding occurs, apply direct pressure with sterile gauze or clean cloth. If bleeding doesn't stop within 10 minutes, contact the parent and take the child to emergency room
- If severe bleeding occurs, contact emergency services (911) and contact the parent.

Knocked out permanent tooth

- Find the tooth. Do not handle the tooth by the roots.
- If the tooth is dirty, rinse it gently with water-don't scrub or use antiseptic.
- Gently place the tooth back in the socket; have the child hold the tooth in place with his/her finger or a tissue.
- If you can't easily replace tooth, place tooth in a glass of milk. If milk is unavailable put the tooth in water.
- Contact the parents immediately and arrange for the child and tooth to go to the dentist immediately.

Knocked out baby or primary tooth

- Contact the child's parents and instruct them to take child to the dentist.

Loosened or chipped tooth

- Clean the area with warm water.
- Avoid moving the tooth.
- Apply cold compress to the face to reduce swelling.
- Contact parents and arrange to take the child to the dentist as soon as possible.

Tooth pushed into gums

- Wash the area with warm water.
- Do not attempt to move the tooth into the correct position.
- Contact the parents and arrange to take the child to the dentist as soon as possible.